HOSPITAL REPORT

COVERING THE PERIOD OF APRIL 1, 2026 THROUGH NOVEMBER 30, 2026

Must be RECEIVED by the Dept. Chairman no later than 12/31/2026

Mail to Paul La Porte, Chairman, P O Box 12, E. Bridgewater, MA 02333

plp1063@gmail.com Assistance: 774-273-1910

Auxiliary No. _____ Location _____ District No. _____ Division _____

1. Number of members attending the Hospital/Veterans & Family Support Workshop _____

2. Number of members volunteering in VA and non-VA facilities. _____ No. Hours_____

   (Auxiliary member to be counted one time per year)

3. Number of non-member Sponsored Volunteers: Adults_____ Youth _____

   Total Hours _____

4. Did your Auxiliary sponsor a party/function for any facility, both VA and non-VA, with or without your Post? _____

5. Did your Auxiliary donate items to a medical center/soldiers home, hospital or nursing home? _____ Explain_____

6. Total amount spent on all Hospital projects: $ _____

7. Donation to the Department Hospital Fund (Hospital Pledge) $_____

Attach extra sheets for additional information if needed.

Contact Name _____

Phone _____ Email _____